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## BIB DATA SHEET

CONFIRMATION NO. 7714

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/890,172	07/25/2001	623	3774	34982		
<b>RULE</b>						
<b>APPLICANTS</b> Oren Globberman, Kfar-Shmaryahu, ISRAEL; Boaz Shenhav, Herzelia, ISRAEL; Ronen Shavit, Tel-Aviv, ISRAEL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL00/00058 01/27/2000 <b>** FOREIGN APPLICATIONS *****</b> ISRAEL 128261 01/27/1999 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/31/2002						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/PAUL B PREBILIC/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 48	<b>TOTAL CLAIMS</b> 124	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> MARTIN D. MOYNIHAN d/b/a PRTSI, INC. P.O. BOX 16446 ARLINGTON, VA 22215 UNITED STATES						
<b>TITLE</b> Expandable intervertebral spacer						
<b>FILING FEE RECEIVED</b> 5009	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		